

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32384

State File No. _____

Registrar's No. _____

Registration District No. 104999

Primary Registration District No. 6026

1. PLACE OF DEATH:
(a) County Reynolds
(b) City or town Canaway, Iowa
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 yrs years, months or days

3. (a) PRINT FULL NAME EDWARD D. YOUNG
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Willie Young 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased JUNE 23 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 - 2 - 29 hr. _____ min.

9. Birthplace Crasher MO
(City, town, or county) (State or foreign country)

10. Usual occupation FATHER

11. Industry or business _____

MOTHER FATHER
12. Name Levi Young
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Susan Pickett
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Dr. Chatham
(b) Address Salem Mo.
17. (a) Burial (b) Date thereof 9-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bunker Mo.

18. (a) Signature of funeral director Habson-Chatham
(b) Address Salem Mo.
19. (a) 9-16-43 (b) Mar. J. H. Helling
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Reynolds
(c) City or town Canaway (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12
year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from I did not _____, 19____, to _____, 19____;
that I last saw him alive on Sept. 11, 1943
and that death occurred on the date and hour stated above.
Immediate cause of death I suspect was heart trouble as I did not see him when he died.
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
Signature L. L. Henson (M. D. or other)
Address Bunker, Mo. Date signed 9-13-43

RECEIVED

District Health Officer No. 5,

District File Number 1043593

Date Filed 10-6-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by 9-13-43

....., Registered Apprentice No.
working under my personal supervision.

Signed

Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Van Buren St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.